

DO/EC BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 700287	RECEIPT DATE:	11 / 13 / 00
IA NUMBER:	PCT/ EP99 / 03048	IA FILING DATE:	05 / 04 / 99
FAMILY NAME:	GRADISCHNIG	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	KLAUS	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	05 / 12 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	P00,1852	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
			FAX

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STATE/COUNTRY: IL ZIP: 60606

EMAIL:

APPLICATION TITLES:

"METHOD FOR SIGNALING IN A SIGNALING TRANSFER POINT"

TAB TO LAST POSITION,PUSH SEND



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Bib Data Sheet

SERIAL NUMBER 09/700,287	FILING DATE 11/13/2000 RULE -	CLASS 709	GROUP ART UNIT 2152	ATTORNEY DOCKET NO. P00,1852
APPLICANTS Klaus Gradischnig, Gauting, GERMANY; ** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/EP99/03048 05/04/1999 ** FOREIGN APPLICATIONS ***** GERMANY 98108645.7 05/12/1998 IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/07/2000 -				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY GERMANY	SHEETS DRAWING 3	TOTAL CLAIMS 1
INDEPENDENT CLAIMS 1				
ADDRESS Hill Steadman & Simpson <i>SCHIFF HARDIN + WAITE</i> 85th Floor Sears Tower- <i>Patent Dept.</i> Chicago, IL 60606- <i>6600 Sears Tower</i> <i>Chicago IL 60606 Cr+ updated 4-18-01 JMA</i>				
TITLE Method for signaling in a signaling transfer point				
FILING FEE RECEIVED 860	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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CONFIRMATION NO. 3477

SERIAL NUMBER 09/700,287	FILING DATE 11/13/2000 RULE	CLASS 709	GROUP ART UNIT 2155	ATTORNEY DOCKET NO. P00,1852
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APPLICANTS
Klaus Gradischnig, Gauting, GERMANY;

**** CONTINUING DATA *******
THIS APPLICATION IS A 371 OF PCT/EP99/03048 05/04/1999 *BRS*

**** FOREIGN APPLICATIONS *******
GERMANY 98108645.7 05/12/1998 *BRS*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 12/07/2000**

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING 3	TOTAL CLAIMS 1	INDEPENDENT CLAIMS #2
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged Allowance <i>BRS</i> Examiner's Signature Initials				

ADDRESS
31518

TITLE
Method for signaling in a signaling transfer point

FILING FEE RECEIVED 860	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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